

TEACHER ASSESSMENT OF EXPERIENCE & NEEDS

NAME: _____

POSITION: _____

GRADE: _____

How comfortable are you using computers? 0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
not at all moderately completely

Do you have a computer at home? YES NO

If yes, how often do you use your computer?
never monthly weekly daily hourly

How often do you use your classroom computer?
never monthly weekly daily hourly

How do you use your classroom computer? (circle all that apply)

writing letters, newsletters, reports, etc.	email	database
creating posters, banners, etc.	research	spreadsheets
grading	Internet	instructing students
other: _____		

How do your students use the classroom computer?

writing letters, newsletters, reports, etc.	email	database
creating posters, banners, etc.	research	spreadsheets
skill practice	Internet	games
other: _____		

At what level is the computer integrated into your curriculum?
0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
not at all moderately completely

What do you want to use a computer to do?

Please turn over



How well do you know how to use / do each of the following? (Please check the appropriate box.)

Application/Skill	Not at all	Somewhat	Completely
Operating the computer hardware			
Troubleshooting			
WINDOWS 98			
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Power Point			
Kid Pix Studio			
Amazing Writing Machine			
Internet			
E-mail			
Microsoft Internet Explorer			

What are the best days for you to attend before/after-school training and workshops?
(Circle all that apply.)

Monday Tuesday Wednesday Thursday Friday